RETURN.			Arizona Form 140-SBI		iness Incon ona Full-Yea			F	2022	R
<u></u>	82F		heck box 82F	OR FISCAL YEAR BEGINNIN				IDING IM MID		
_		<u> </u>	f filing under extension First Name and Middle Initial	OR FISCAL YEAR BEGINNIN	Last Name	12101212] AND EN		Social Security N	
뿚	1	ioui i	TIST Name and Middle milia		Last Name			Enter	Social Security IV	lullibel
2	_	Spous	se's First Name and Middle Init	ial (if box 95a or 95b checked)	Last Name			your	se's Social Secur	ritv No.
	1	-	o o i not i tamo ana imaano mit	(20% 000 0. 002 000004)				SSN(s).		J. 66F Number rity No.
STAPLE ANY ITEMS	_	Curre	nt Home Address - number and	d street, rural route		Apt. No.		Daytime Phone	(with area code))
_	2							94		
A		City, T	Town or Post Office	State ZIP Code	If you are claiming I	njured Spouse		atus. Must be the same	as Form 140, 140NR or 95c Head of Househ	
Ш	3				Protection (Form 20	3) check 3a		ed filing separate return		olu
AP		4 F	Federal Schedule B		4	00		USE ONLY. DO N	OT MARK IN THIS	AREA.
ST	ē					00	88			
NOT	Incom	5b [Enter your NAICS code shown on S	Schedule C:	_		ļ			
Z	u s			See instructions for amount		00	-			
D0	Business			amount from each part		00	ł			
	Bus			00 7e REMICS00 7f Farm Rental						
	Small		7d Estates/Trusts00	00 /1 Faiiii Keillai	00		81 PM		80 RCVD	
	S				8	00	العار		00	
				included on line 6. See instructions		00	1			
				e: Add lines 4, 5a, 6, 7a, 8 and	·	tal	-1	10	1	00
) from Arizona Form 141AZ Scl						
			• • "	,t						00
			·	nt. See instructions				[00
	me	14	Total federal depreciation					14		$\overline{}$
	Income		15 Net capital loss from the exchange of one kind of legal tender for another kind of legal tender							$\overline{}$
∺			16 Claim of Right adjustment for amounts repaid in 2022					F		
<u>S</u>	Business	17 Claim of Right adjustment for amounts repaid in prior taxable years								
140-SB										
	Small	19 Depreciation or amortization related to tax credits claimed on Arizona Form 315 and 325. See instructions20 Addition to S Corporation income for expenses due to claiming a pass-through credit on Arizona Form 312								
nts after Form	\$	21								
	Related									
Ħ		23	23 Adjustment for Net Operating Loss due to Claim of Right							
ts 8	litions			t - Access Expenditures						
	dditi			ent. See instructionsAZ Nonprofit Medical Marijuana				25		100
E	Add	20						26		00
00		27	Subtotal: Add lines 10 through	ph 26. Enter the total				27		00
λí		28		See instructions				00		
Ę	e 2	29	·	in or (loss). See instructions				00		
o i	page	30		n or (loss). See instructions				00		
S	o.			n assets acquired <i>after</i> Decemb				00		00
$\frac{1}{2}$	cont.			nd enter the result. See instructi						
eq		33 Fiduciary Adjustment (negative) from Arizona Form 141AZ K-1								
scł	Income	 34 Net capital gain derived from investment in qualified small business. 35 Net capital gain from the exchange of one kind of legal tender for another kind of legal tender. 36 Recalculated Arizona depreciation. 								
Ϋ́										
Place any required federal and AZ schedules or other docume	Business	37 Partnership Income adjustment. See instructions						F		
	Bus	38 Interest on U.S. obligations such as U.S. savings bonds and treasury bills								
	Small		Net operating loss adjustment from tax years 2008 and 2009. See instructions							
	o Sr									-
	Subtractions Related to	41		another state taxed by the other		-				
	elat	42	-	sold or otherwise disposed of d	-					
	ns R			t - Access Expenditures amounts repaid in prior years						
	ctio			an AZ Nonprofit Medical Mariju						
an	btra			uana Establishment, Testing Fa						
Se	Su			ess expenses related to the sale						
<u> </u>			See instructions					46		00

	Your Name (as shown on page 1) Your Social Security No.	ımber	
Subtractions continued	 47 S Corportation shareholders of an AZ Marijuana Establishment, Testing Facilities and for-profit dual licensees: Enter the amount of your pro-rata share of expenses related to the sales of recreational products from Schedule K-1, line 7		00
×	49 Exploration expenses deferred before January 1, 1990	. 49	00
of T	50 Arizona Small Business Taxable Income. Subtract lines 32 through 49 from line 27. If less than zero, enter "0"		00
Se	51 Small Business Income Tax: Multiply line 50 by 3.0% (.030) and enter the result		00
Balance of Tax	52 Tax from recapture of credits from Arizona Form 301-SBI, Part 2, line 25		00
8	53 Subtotal of tax: Add lines 51 and 52. Enter the total		00
nd edits	54 Nonrefundable Credits from Arizona Form 301-SBI, Part 2, line 46	54	00
Payments and Refundable Credits	55 Balance of Tax: Subtract line 54 from line 53. If line 54 is greater than line 53, enter "0"		00
aymei indab	56 2022 AZ estimated tax payments 56a 00 Claim of Right 56b 00 Add 56a and 56b		00
P? Refu	57 2022 AZ extension payment (Form 204-SBI)	57	00
or		58	00
Tax Due or Overpayment	59 Total payments and refundable credits: Add lines 56c, 57 and 58. Enter the total	59	00
Tax I verp	60 TAX DUE: If line 55 is larger than line 59, subtract line 59 from line 55. Enter amount of tax due. Skip lines 61, 62 and 63	60	00
. 0	61 OVERPAYMENT: If line 59 is larger than line 55, subtract line 55 from line 59. Enter amount of overpayment	61	00
alty	62 Amount of line 61 to be applied to 2023 estimated tax	62	00
Penalty	63 Balance of overpayment: Subtract line 62 from line 61. Enter the difference	63	00
70	64 Estimated payment penalty from Form 221-SBI. See instructions	64	00
or)we	65 651 Annualized/Other 652 Farmer or Fisherman 653 Form 221-SBI included		
Refund or Amount Owed	66 REFUND: Subtract line 64 from line 63. If less than zero, enter amount owed on line 67 Direct Deposit of Refund: Check box 66A if your deposit will be ultimately placed in a foreign account; see instructions. 66A CC Checking or SOUTING NUMBER ROUTING NUMBER ACCOUNT NUMBER	66	00
	67 AMOUNT OWED: Add lines 60 and 64. Enter the total Make check payable to Arizona Department of Revenue; write your SSN and "140-SBI" on payment; and include it with your return	67	00

, , , , ,		•	rith it, and to the best of my knowledge and belief, the Il information of which preparer has any knowledge.		
YOUR SIGNATURE		DATE	OCCUPATION		
SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION		
PAID PREPARER'S SIGNATURE	DATE	FIRM'S NAME (PR	REPARER'S IF SELF-EMPLOYED)		
PAID PREPARER'S STREET ADDRESS			PAID PREPARER'S TIN		
PAID PREPARER'S CITY	STATE	ZIP CODE	PAID PREPARER'S PHONE NUMBER		

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140-SBI. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.